

Greenbook

LBO Analysis of Enacted Budget

State Medical Board of Ohio

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State Medical Board of Ohio

Quick look...

- The State Medical Board of Ohio licenses over 96,000 professionals with 84 staff members.
- The Board is governed by 12 members appointed by the Governor with daily operations overseen by an executive director.
- The Board is fully supported by fees and receives no GRF funding.

FY 2020 Actual	FY 2021 Actual	FY 2022 Actual	FY 2023 Actual	FY 2024 Appropriation	FY 2025 Appropriation
Fund 5C60 ALI 883609, Operating Expenses					
\$10,268,015	\$10,298,238	\$11,583,077	\$12,204,983	\$13,791,789	\$14,315,005
% change	0.3%	12.5%	5.4%	13.0%	3.8%

Agency overview

The State Medical Board of Ohio was established in 1896. Originally responsible for licensing doctors of medicine, the Board’s responsibilities were expanded over the years to include doctors of podiatric medicine, doctors of osteopathic medicine, physician assistants, acupuncturists, anesthesiology assistants, radiologist assistants, genetic counselors, oriental medicine practitioners, dietitians, and respiratory care professionals. The Board also regulates mechanotherapists and naprapaths licensed before March 1992. In addition, the Board establishes standards for education, pre-professional training, and examination. The Board also sets standards of practice for its licensees, investigates complaints, holds administrative hearings, determines appropriate disciplinary actions, and monitors continuing education compliance among licensees. Over 96,000 licenses issued by the Board were active at the end of FY 2022.

The Board’s governing authority consists of 12 members appointed by the Governor. The Board members include nine physicians (seven who hold a doctor of medicine degree, one who holds a doctor of podiatric medicine degree, and one who holds a doctor of osteopathic medicine degree) and three members who represent the interests of consumers. Two of these members must not be a member of, or associated with, a health care provider of profession, and one of the three members must be at least 60 years of age. Terms of office are for five years. In addition to travel reimbursement, board members receive compensation for the performance of official duties.

The Board’s daily operations are the responsibility of an executive director who is appointed by the 12-member governing authority. The Board currently has 84 staff members. The Board receives no GRF moneys; it is entirely supported by fees.

Advisory committees/councils

The Board also has a number of advisory committees, councils, etc. For instance, the Board has the seven-member Physician Assistant Policy Committee (PAPC), appointed by the President of the State Medical Board, including three physicians, three physician assistants, one consumer representative, and, when PAPC is developing or revising policy and procedures for physician assistant prescriptive authority, one pharmacist. PAPC is designed to review education and licensing requirements, as well as existing and proposed rules pertaining to the practice of physician assistants. PAPC members are appointed to two-year terms and may serve no more than three consecutive terms. Members are reimbursed for necessary expenses incurred in the performance of official duties.

The Board also has the Massage Therapy Advisory Council, the Dietetics Advisory Council, and the Respiratory Care Advisory Council. These councils each consist of no more than seven individuals knowledgeable in applicable areas of expertise. Councils must meet at least four times each year. Members of the advisory councils are reimbursed for necessary expenses and advise on board policies and rules pertaining to each council's area of expertise.

Analysis of FY 2024-FY 2025 budget

The Board's operations are funded by a single appropriation item within Fund 5C60 – item 883609, Operating Expenses. The budget appropriates \$13.8 million in FY 2024 and \$14.3 million in FY 2025.

H.B. 33 of the 135th General Assembly makes several changes to the law regarding the State Medical Board of Ohio. A couple of these provisions are discussed below.

Practitioner impairment monitoring

H.B. 33 revises the law governing the Board's confidential program for treatment and monitoring impaired practitioners. Some of these changes include:

- Renaming the program to the Confidential Monitoring Program and describing it as nondisciplinary;
- Extending the program's treatment and monitoring services to practitioners who are or may be impaired and practitioners unable to practice because of mental or physical illness and specifies that impairment includes substance use disorder;
- Transferring to the monitoring organization the Board's authority to approve treatment providers;
- Eliminating the requirement that a practitioner suspend practice while participating in the program and instead requiring suspension only if the monitoring organization, evaluator, or treatment provider recommends it; and
- Authorizing the Board to contract with the monitoring organization to assist the Board in monitoring practitioners subject to formal disciplinary action.

Legacy Pain Management Study Committee

H.B. 33 establishes the Legacy Pain Management Study Committee to study and evaluate the care and treatment of patients suffering from chronic or debilitating pain, in particular those who have

been prescribed opioids for lengthy periods of time, (these individuals are often referred to as legacy patients). Members include four General Assembly members and one representative who represents prescribers and one from each of the following: the State Medical Board of Ohio, the Ohio Mental Health and Addiction Services, and the State Pharmacy Board. The bill requires the Committee to consider several topics relating to legacy patients, including the availability and access to pain management specialists in Ohio and the challenges associated with tapering opioid doses. H.B. 33 requires the Committee, by December 1, 2024, to prepare and submit to the General Assembly a report of its recommendations for legislation to address the care and treatment of legacy patients.

Licenses and fees

Fee revenue collected by the Board is deposited into the State Medical Board Operating Fund (Fund 5C60). Fund 5C60 is the Board's operating account into which receipts are deposited and from which expenses are paid.

The Board issues many different licenses and certificates. Licenses issued by the Board are generally for a two-year period. The fees for the Board's licenses are included in the table below. The certificate to recommend under the Ohio Medical Marijuana Control Program is not included in this table as there are no fees for this certificate. The fee amounts are from the Board's website.

License Fees by Type		
License Type	Initial Fee	Renewal Fee
Doctor of Medicine, Osteopathy, or Podiatric Medicine*	\$305	\$305
Certificate of Conceded Eminence	\$1,000	\$1,000
Special Activity Certificate	\$125	N/A
Doctor Training Certificate	\$130	\$100
Physician Assistant	\$400	\$200
Anesthesiologist Assistant	\$100	\$100
Acupuncturist	\$100	\$100
Dietitian	\$225	\$180
Dietitian – Limited Permit	\$65	\$65
Massage Therapist	\$150	\$100
Respiratory Care	\$75	\$75
Respiratory Care – Limited Permit 1	\$20	\$10
Respiratory Care – Limited Permit 2	N/A	\$35
Radiologist Assistant	\$200	\$200
Genetic Counselor	\$200	\$150

License Fees by Type		
License Type	Initial Fee	Renewal Fee
Mechanotherapist**	N/A	\$100
Naprapath**	N/A	\$100

*Twenty dollars of each physician renewal goes to the Physician Loan Repayment Fund, which is administered by the Department of Health. The fund is used to provide loan assistance to physicians who practice in underserved areas.

**The Board no longer licenses new mechanotherapists and naprapaths. The Board only renews these for those licensed prior to March 1992.